

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91189 007 \*\*\*150.00

0609651 AT

DOCUMENT # P97000031216

1. Entity Name

BFTI REHAB OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

8700 W BRYN MAWR AVENUE  
 2ND FLOOR  
 CHICAGO IL 60631

8700 W BRYN MAWR AVENUE  
 2ND FLOOR  
 CHICAGO IL 60631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

36-4154175

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS HILLMAN, LEE S  
 CITY-ST-ZIP 8700 W BRYN MAWR AVENUE  
 CHICAGO IL 60631

TITLE ☐ Change ☒ Addition  
 NAME Senior Vice President  
 STREET ADDRESS William Panelli  
 CITY-ST-ZIP 8700 W Bryn mawr Ave  
 Chicago, IL 60631

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS DWYER, JOHN W  
 CITY-ST-ZIP 8700 W BRYN MAWR AVENUE  
 CHICAGO IL 60631

TITLE ☐ Change ☒ Addition  
 NAME Senior Vice President, C.O.O.  
 STREET ADDRESS Paul A. Toback  
 CITY-ST-ZIP 8700 W Bryn mawr Ave  
 Chicago, IL 60631

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS GAAN, CARY A  
 CITY-ST-ZIP 8700 W BRYN MAWR AVENUE  
 CHICAGO IL 60631

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME AS  
 STREET ADDRESS MOTZ, LINDA B  
 CITY-ST-ZIP 8700 W BRYN MAWR AVE  
 CHICAGO IL 21204

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME AS  
 STREET ADDRESS ACQUAVIVA, EARL  
 CITY-ST-ZIP 300 E JOPPA  
 TOWSON MD 21204

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME AT  
 STREET ADDRESS BARSKY, ALBERT  
 CITY-ST-ZIP 8700 W BRYN MAWR AVE  
 CHICAGO IL 60631

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)